

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AS	69801	6/14
O.I.P.E. CLASSIFIER		49	6/20/00
FORMALITY REVIEW	AS	5C135	8-4-00
RESPONSE FORMALITY REVIEW	AS	5C135	10-30-00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/12/00
2	✓	✓	5/12/00
3	✓	✓	5/12/00
4	✓	✓	5/12/00
5	✓	✓	5/12/00
6	✓	✓	5/12/00
7	✓	✓	5/12/00
8	✓	✓	5/12/00
9	✓	✓	5/12/00
10	✓	✓	5/12/00
11	✓	✓	5/12/00
12	✓	✓	5/12/00
13	✓	✓	5/12/00
14	✓	✓	5/12/00
15	✓	✓	5/12/00
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18	✓	✓	5/12/00
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28	✓	✓	5/12/00
29	✓	✓	5/12/00
30	✓	✓	5/12/00
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42	✓	✓	5/12/00
43	✓	✓	5/12/00
44	✓	✓	5/12/00
45	✓	✓	5/12/00
46	✓	✓	5/12/00
47	✓	✓	5/12/00
48	✓	✓	5/12/00
49	✓	✓	5/12/00
50	✓	✓	5/12/00

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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